

HAZARDOUS WASTE MANIFEST

THIS - MEMORANDUM

Is an acknowledgment that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

004

| | |
|--|---|
| TO: | FROM: |
| T/S/D FACILITY ARRCOM OIL | Generator ANACONDA ALUMINUM COMPANY |
| E.P.A. ID Code No. 00-080-0961 | E.P.A. ID Code No. MT D057561763 |
| Address RURAL RT. #3, BOX 258 A6 | Address P.O. BOX 10, Columbia Falls, Mt. 59912 |
| Destination RATHDRUM, IDAHO 83858 | Origin |
| Phone 208-687-0857 | Phone 406-892-3261 |

| No Shipping Units | DOT PROPER SHIPPING NAME | HAZARD CLASS | Haz Mat ID No | EPA Haz Waste No | WEIGHT | TAGS REQUIRED or Exemption No |
|-------------------|----------------------------------|--------------|---------------|------------------|--------|-------------------------------|
| 1500 GAL | Waste Gasoline - Solvent Mixture | Flammable | NA1993 | F001 F005 | 11240 | Flammable |
| | | | UN1203 | D001 | | |

"Transporter agrees to abide by all standards applicable to transportation of hazardous waste, including all applicable federal regulations and all similar state regulations promulgated by the state of destination of this shipment and the states through which this shipment may pass. Waste shall not remain at a transfer facility for more than 10 days without prior authorization

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without receipt, the carrier, the transporter shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignor

FREIGHT CHARGES

PREPAID COLLECT

☐ ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and on to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

EMERGENCY RESPONSE INFORMATION

| | |
|--|--|
| T/S/D FACILITY ARRCOM OIL | CONTACT Name Tom Drexler |
| E.P.A. ID Code No. 00-080-0961 | Phone 208-687-0857 |
| Address Rural Rt. #3, Box 258 A6 | National Response Center 1-800-424-8802 |
| Destination Rathdrum, Idaho 83858 | In D. C. 426-2675 |

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature *Harry Fortin* Date **6/23/82**

TRANSPORTER #1 **ARRCOM OIL** E.P.A. ID No. **00-080-0961**
Address **R.R. #3, Box 258 A6**
City **Rathdrum** State **Idaho** Zip **83858** Phone **208-687-0857**

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date **6/23/82**

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date _____